Integrated Primary and Behavioral Health

"Once you have seen one integrated model you have seen one integrated model."

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Our Goal

- Changing landscape of Health care
- Co-morbidities
- Integrated Health
- Screening Tools as early detection
- Success and failures in treatment
- PDSA's and quality improvement
- Wrap up and Q&A

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Trends in healthcare reform

- Increased Accountability
- Patient Centered Care Models
- Delivery System Realignments
- Value-Based payment Models
- Population management
- Expanded Focus on Behavioral Health

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Covid and Health care

The COVID-19 pandemic has had a significant impact on communities worldwide, including profound effects on mental health needs. Here are some ways in which COVID-19 has impacted mental health in communities:

- Increased Stress and Anxiety: The pandemic has caused elevated levels of stress, anxiety, and fear due to concerns about health, the virus's spread, financial difficulties, employment insecurity, and disruptions to daily life.
- Isolation and Loneliness: Social distancing measures, lockdowns, and restrictions on gatherings have led to increased social isolation and feelings of loneliness. Lack of social interaction and support systems can contribute to depression, anxiety, and other mental health issues.
- Grief and Loss: COVID-19 has resulted in significant loss, including the loss of loved ones, jobs, financial stability, and a sense of normalcy. Experiencing grief and bereavement during the pandemic has contributed to mental health challenges, including prolonged grief and complicated mourning.
- Exacerbation of Existing Mental Health Conditions: Individuals with pre-existing mental health conditions may experience worsened symptoms due to the added stress and disruption caused by the pandemic. Access to regular treatment, therapy, and medications may have been disrupted, leading to further challenges.
- Increased Demand for Mental Health Services: The demand for mental health services has increased significantly during the pandemic. Many individuals have sought support for anxiety, depression, stress-related disorders, and other mental health concerns, putting strain on mental health resources and providers.

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Covid and Health care Cont…

- Frontline Worker Stress: Healthcare workers, first responders, and essential workers have faced immense pressure and stress during the pandemic. The risk of exposure, long work hours, witnessing suffering and loss, and the burden of responsibility have contributed to mental health challenges among this group.
- Impact on Vulnerable Populations: Certain vulnerable populations, such as children and adolescents, the elderly, individuals with pre-existing mental health conditions, low-income communities, and marginalized groups, have been disproportionately affected by the pandemic. Existing disparities in access to mental health resources have been exacerbated, leading to increased mental health needs in these communities.
- Increased Suicide Risk: The pandemic has brought about heightened levels of distress and increased suicide risk in some individuals. Social isolation, economic hardship, and mental health strain have contributed to this concerning trend.
- Addressing the mental health needs arising from the COVID-19 pandemic requires a comprehensive response, including increased access to mental health services, awareness campaigns to reduce stigma, telehealth options for remote support, community support programs, and targeted interventions for vulnerable populations.

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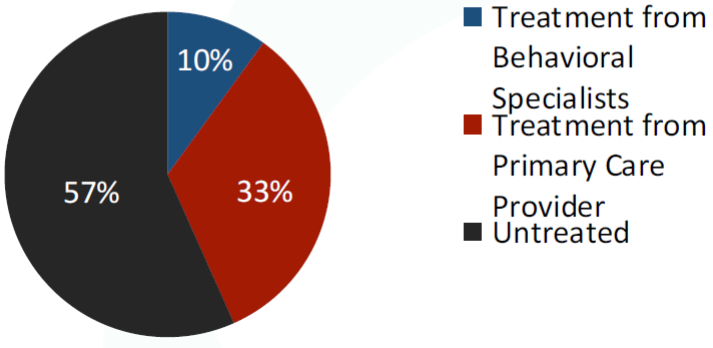
Americans Suffering From a Diagnosable Behavioral Disorder



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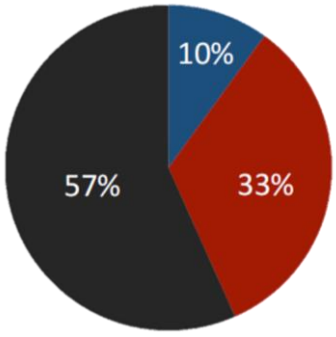
Specialty mental health services is a service that only a few need and our focus should be toward reintegration into PCP.



There is a need to tap into the 33% which means that we may need to adapts our focus and strategies to be more inline with primary care model.

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Impact of Psychiatric Condition on Cost of Care

Patient Group	Annual Cost	Prevalence	Psych Diagnosis	Cost w/Psych Diagnosis	Increase
All Insured	$2,920		15%		
Diabetes	$5,480	8.9%	30%	$12,280	124%
Migraine	$4,340	8.2%	43%	$10,810	149%
COPD	$3,840	8.2%	38%	$10,980	186%
Arthritis	$5,220	6.6%	36%	$10,710	94%
Asthma	$3,730	5.9%	35%	$10,030	169%
Cancer	$11,650	4.3%	37%	$18,870	62%
CHF	$9,770	1.3%	40%	$17,200	76%

Kathol, Cartesian Solutions, Inc.

Primary Behavioral Health

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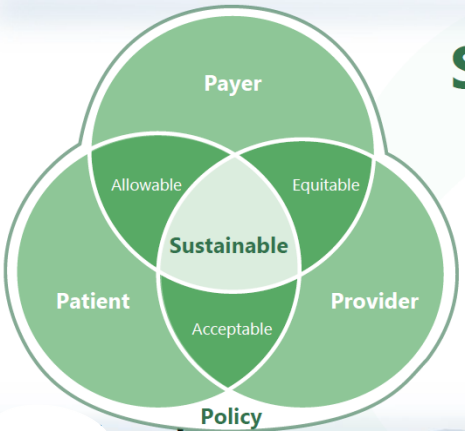

Sustainability

A sustainable healthcare "economy" is one that can meet the current needs of all participants with currently-available resources (without compromising the ability of future generations to meet their own needs). More sustainable approaches require that solutions perform well with respect to each of the three dimensions (Patient, Provider and Payer) within the boundaries of Public Policy.

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What is Integrated Care?

"The care that results from a practice ***team*** of primary care and behavioral health clinicians, ***working together*** with patients and families, using a systematic and ***cost-effective*** approach to provide ***patient-centered care*** for ***a defined population***. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress related physical symptoms, and ineffective patterns of health care utilization."

Peek CJ and the National Integration Academy Council. Executive Summary - Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No.13-IP001-1-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. http://integrationacademy.ahrq.gov

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Placing a value on Integrated Care

- Reduced ER Utilization
- Reduce Inpatient Admissions
- Reduced Specialty Referrals
- Increased Patient Satisfaction
- Increased Primary Care Utilization
- Improved Outcomes

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Key principles of Integration

a. Whole-person care: Treating the person holistically, considering both physical and mental health.
b. Collaboration: Encouraging collaboration between primary care providers and behavioral health specialists.
c. Care coordination: Coordinating care across different providers and settings.
d. Accessibility: Ensuring that integrated care is accessible to all individuals.
e. Patient-centered approach: Empowering patients to be active participants in their care.

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Standard Framework for Levels of Integrated Healthcare

Coordinated	Level 1	Minimal Collaboration
	Level 2	Basic Collaboration at a Distance
Co-located	Level 3	Basic Collaboration Onsite
	Level 4	Close Collaboration Onsite with Some System Integration
Integrated	Level 5	Close Collaboration Approaching an Integrated Practice
	Level 6	Full Collaboration in Transformed/ Merged Integrated Practice

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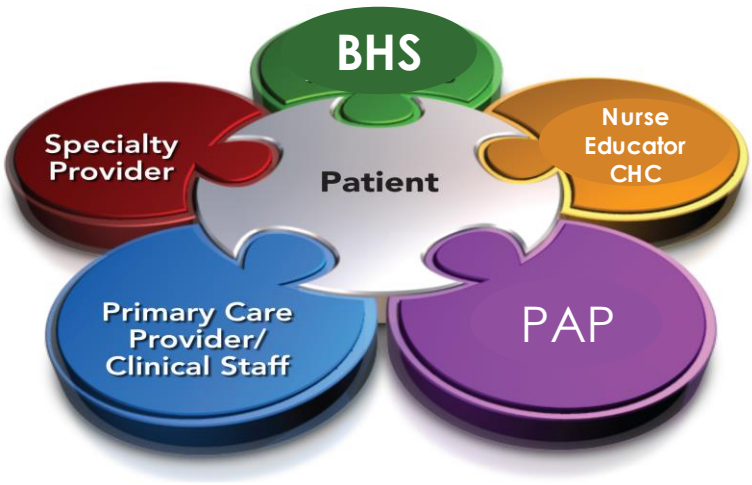
RHN Current Model



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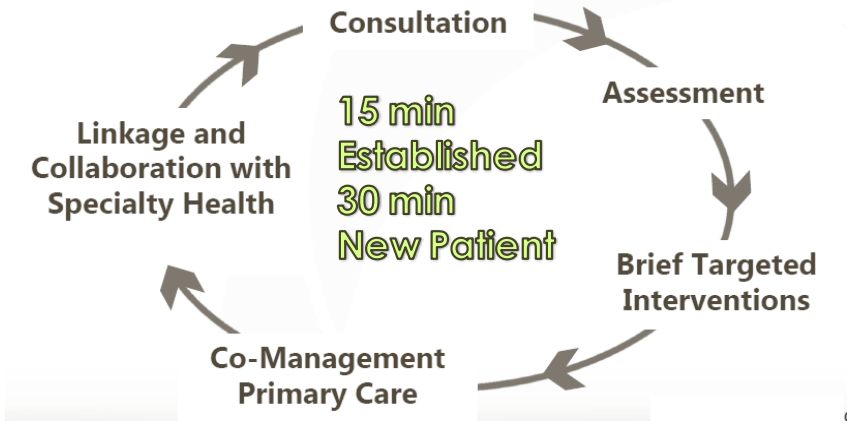
Work Flow

BHC/PCP Care in an Integrated System: Flexible and Dynamic



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RHN Referral Processes

"There is no wrong door."

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Assessments

Anxiety:
- Generalized Anxiety Disorder (GAD-7)

Bipolar (mood disorders):
- Mood Disorder Questionnaire (MDQ)

Depression:
- Patient Health Questionnaire (PHQ-9)

Post-Traumatic Stress Disorder (PTSD):
- Adverse Childhood Experiences Questionnaire (ACEs)
- Primary Care PTSD (PC-PTSD-5)

Trauma Package (3-4 weeks after traumatic event if recent):
- Screening Tool for Early Predictors of PTSD (STEPP)
- Trauma Screening Questionnaire (TSQ)

Schizophrenia/Schizoaffective Disorder:
- Positive and Negative Symptoms Screening (PANSS)

Substance Use Disorder:
- Alcohol, Smoking and Substance Involvement Screening Tool (ASSIST)
- Brief Screening for Alcohol, Tobacco and other drugs (BSTAD)
- Fagerstrom Test for Nicotine Dependence - Tobacco/Smokeless Tobacco
- Hooked on Nicotine Checklist (HONC)

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Tiered levels of Care

Tiered Care Continuum:

Tier 1: Watchful/Waiting

Symptoms are noticeable but not interfering with daily functioning and could be introduced to specialist(s) for discussion of personal interventions or resilience. (Could be clinically diagnosed or labeled "rule out (R/O)" conditions)

- PHQ-9: 5-14
- GAD-7: 5-10
- BP reading (120/90+)
- A1C reading (fasting is 90+)
- BMI above (##)

Follow up screening in 3-6 months to re-evaluate, if not sooner with increased symptoms.

Tier 2: Brief Interventions

Symptoms are more distressing that cause daily - weekly impairment; require interventions by professional support staff (education, training/modeling, targeted intervention or medication introduction).

- PHQ-9: 15-27
- GAD-7: 11-21
- BP reading (160/100+)
- A1C (fasting is ???)
- BMI above (##)

Follow up should coincide with appropriate intervention and an agreed upon plan with the person/patient.

*Full team collaboration and staffings are highly encouraged in this stage.

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Tiered levels of Care Cont..

Tier 3 Referral and Follow-Up
Symptoms are intense and impede daily functioning to an extent of severe distress (ie: risk of losing job, relationships and/or cognitive function).

- PHQ-9: 15-27
- GAD-7: 11-21
- BP reading (160/100+)
- A1C (fasting is ???)
- BMI above (##)

Follow up shall coincide with immediate/ongoing weekly to monthly visits depending upon the agreed upon plan with the person/ patient and all members of the team.

*Full team collaboration and staffings with outside referral resources (if not already included) should be facilitated and added to the ongoing treatment team.

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Words of Wisdom

The rationality dream pursued by system planners, or the "search for the Holy Grail", is not a promising path. When it comes to the word "evidence," it is good to remember that "…'people centered evidence',…in contrast to the universal, nomothetic and generalizing tendencies of public health sanctioned evidence asks questions about the entanglements between systems and human experiences" (Herrick, 2016, p. 571).

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Building Capacity

tcmhcc

The Child Psychiatry Access Network, CPAN, can enhance child and youth mental health care at your practice and save you time. There is no cost to you or your patients for this evidence-based, clinician-to-clinician program. Texas CPAN offers real-time access to a multidisciplinary network of mental health experts in your region—including child psychiatrists—for peer-to-peer consults by phone, vetted and personalized referrals and resources, and behavioral health CMEs.

Call **888-901-CPAN (2726)**

No call is too small!!!

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Lessons Learned from Failure

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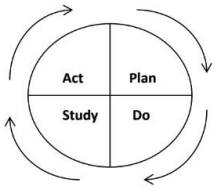
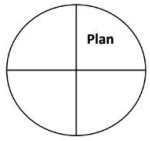
Program/Team: Integrated Health
Cycle: 1st Cycle

Date: 3/20/19

PDSA Worksheet





Describe the change you are testing; state the question you want this test to answer

Can changes in clinical practice such as changing the pain management contract and screening patients for SUD during vitals check help improve the identification and intervention effort in the management of SUD in our clinic and provide an increase in provider direction in managing pain related issues.

List the tasks needed to set up this test	Person responsible	When to be done	Where to be done
1. Coordination with Experts the field	Joseph/Dr. Nash	3/20 & 4/3	RHN Ross
2. Rework Pain Management Contract	|	4/3 (on going)	|
3. Gather Brain trust	|	4/25	|
4. Meeting to Set up Pilot study	|	5/2	|
5. Running Pilot Study (CAGE-AID vs NIDA)	|	TBD	|
6. Reviewing results	Brain Trust	TBD	Nash Pod

What do you predict the result of this test will be?	What measure will you use to learn if this is successful? How will you judge?

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What do you predict the result of this test will be?	What measure will you use to learn if this is successful? How will you judge?
We predict that by screening patients during vitals check in that we see an increase in SUD identified and addressed and we predict that by making changes to the pain management contract the providers will have improve consistency in documentation of pain management and less instances of patients being terminated from RHN for breaking their pain management contract.	We will assess the increase in the SBIRT services via 99408 and 99409 CPT codes. We will review charts of patience that have been under pain management prior to the new contract and after the contract to look for consistence in documentation and we will also review the rate of patient termination for failure to uphold opiod contracts.
	Data collection plan: who, what, when, where
	Joseph and Dr. Nash along with ORN will keep track of number of patients that are screened using either Cage-AID or NIDA to see if there is how many people are identified with a SUD using a spread sheet during the pilot study and will review result the month after study is completed. Brain Trust group along with technical assistance from ORN will review chart before and after pain management contract is changes to evaluate the changes and also review the number of discharges prior to and after the changes within three months of new contract implamentation.

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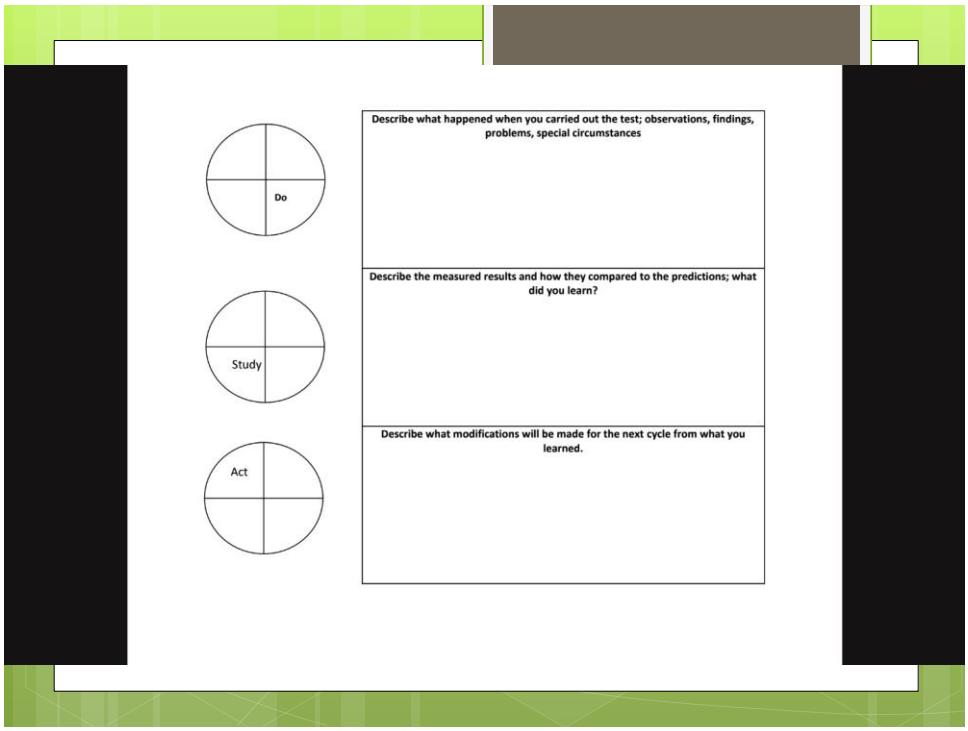

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Questions?

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